. S. No. 2
M—8-43
v. 5-17-39
I X37623

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37573
State File No.

Registration District No. 88 Primary Registration District No. 5327 Registrar's No. 28

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Wesco Unincorporated
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community all of his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford
(c) City or town Wesco
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME T F Earney
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) — 7 (Day) — 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
73	4	12	hr. min.

9. Birthplace Crawford Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farm
11. Industry or business
FATHER 12. Name John Earney
FATHER 13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
MOTHER 15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Ord Earney
(b) Address Wesco Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof 11-21-44 (Month) (Day) (Year)
(c) Place: burial or cremation Wesco Cemetery
18. (a) Signature of funeral director E J Jenkins
(b) Address Steelville Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19th year hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from 16 Feb 1944 to 16 Nov 1944 that I last saw him alive on 16 Nov. 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 dy.
Due to Arteriosclerosis	5 ov. years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature William J Robey M. D. or other
Address Steelville Mo Date signed 11/20/44

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-12-44

100

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 12 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by L. J. Jam

Not Embalmed, Registered Apprentice No. ,

working under my personal supervision.

Signed L. J. Jamas

Licensed Embalmer No. 2379

P. O. Address Steelville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.